

UNITED STATES BANKRUPTCY COURT

BOISE

District of SOUTHERN IDAHO

PROOF OF CLAIM

Chapter

13

Proof of Claim Form and
Supporting Documents are to be
filed in DUPLICATE on Chapter
12 and 13 cases.

U.S. COURTS
01 AUG -3 PM 1:29
REC'D
CAMERON S. BURKE
CLERK
IDAHO

In RE: (Name of Debtor) HERSHBERGER JAMES L.

Case Number: 0100317

(Name of Assoc Debtor) HERSHBERGER MELISSA R

NAME AND MAILING ADDRESS OF CREDITOR (The person or other
entity to whom the debtor owes money or property):

Idaho State Tax Commission
P.O. Box 36
Boise, Idaho 83722

NOTE: This form should not be
used to make a claim for an
Administrative expense arising
after the commencement of the
case. A "request" for payment
of an administrative expense may
be filed pursuant to 11 USC § 503.

THIS SPACE IS FOR
COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
SSN/EIN 542981377 A/TIN 544062046

This claim AMENDS a previously filed claim dated: 04/24/2001

1. BASIS FOR CLAIM: Taxes

2. DATE DEBT WAS INCURRED:

TAX PERIOD(S):

See Attached Documents

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM:

Under the Bankruptcy Code, all claims are classified as one or more of the following:

a. Secured b. Unsecured Nonpriority c. Unsecured Priority

It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best
describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED

SECURED CLAIM: \$0.00

Attach evidence of perfection of security interest

Brief description of Collateral: Taxes

Amount of Arrearage and other charges at time case was filed
included in secured claim above, if any:

UNSECURED PRIORITY CLAIM: \$131.00

SPECIFY THE PRIORITY OF THE CLAIM: Taxes

UNSECURED CLAIM: \$0.00

A claim is unsecured if there is not collateral or lien on
property of the debtor securing the claim or to the extent
that the value of such property is less than the amount of
the claim.

5. TOTAL AMOUNT OF CLAIMS AT TIME CASE FILED:

UNSECURED: \$0.00 SECURED: \$0.00 PRIORITY: \$131.00 TOTAL: \$131.00



Check if claim includes charges in addition to the principal amount of the claim.

Attach itemized statement of all additional
charges.

6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted
for the purpose of making this proof of claim. In filing this claim, claimant has deducted all
amounts that claimant owes to the debtor.

Refund due: \$83.00

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7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS.

Date:

August 03, 2001

Sign and print the name and title, if any, of the creditor or other
person authorized to file this claim.

Carolyn Kaas
CAROLYN KAAS
Bankruptcy Department
Telephone: (208)334-7645

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IDAHO STATE TAX COMMISSION

BANKRUPTCY DEPARTMENT

CLAIM ATTACHMENT-EXPLANATION OF TAX LIABILITY

DATE: August 03, 2001

HERSHBERGER JAMES L.	0100317	13	542981377
Name of Debtor(s)	Case Number	Chapter	Debtor SSN/EIN Number

EXPLANATION

Tax Type Codes:	A. Individual Income	D. Use Tax	G. Special Fuels
	B. Corporate	E. Lodging	H. Intnl Fuels
	C. Sales	F. Withholding	I. Miscellaneous

COMMENTS: ^CORRECTION TO RETURN DURING PROCESSING. CLAIM AMENDED ACCORDINGLY. REFUND OFFSET TO CLAIM.

UNSECURED PRIORITY CLAIMS

Tax Type & Period	Permit	Date Assessed	Tax Due	Interest to Petition Date	Total	Tax Id Number(s):	
A 1999		//	\$0.00	\$0.00	\$-83.00	542981377	544062046
A 2000		//	\$214.00	\$0.00	\$214.00	542981377	544062046
TOTAL UNSECURED PRIORITY CLAIMS:					\$131.00		